



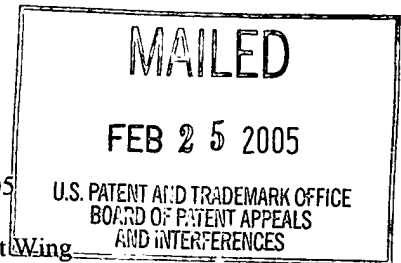
**United States Patent and Trademark Office**

**Under Secretary of Commerce for Intellectual Property and  
Director of the United States Patent and Trademark Office**

**P.O. Box 1450  
Alexandria, Virginia 22313-1450  
[www.uspto.gov](http://www.uspto.gov)**

MERCHANT & GOULD PC  
P.O. BOX 2903  
MINNEAPOLIS, MN  
55402-0903

Appeal No: 2005-0739  
Appellant: John R. Hacker et. al  
Application No: 09/800,413  
Hearing Room: A  
Hearing Docket: B  
Hearing Date: Thursday, April 07, 2005  
Hearing Time: 01:00 PM  
Location: Madison Building - East Wing  
600 Dulany Street, 9th Floor  
Alexandria, Virginia 22313-1450



**NOTICE OF HEARING  
CONFIRMATION REQUIRED WITHIN TWENTY-ONE DAYS**

Your attention is directed to 37 CFR § 41.47. The above identified appeal will be heard by the Board of Patent Appeals and Interferences on the date indicated. Hearings will commence at the time set and as soon as the argument in one appeal is concluded, the succeeding appeal will be taken up. The time allowed for argument is twenty minutes unless additional time is requested and permitted before the argument is commenced. If there are any inquires, please contact the Clerk of the Board at 571-272-9797.

CONFIRMATION OR WAIVER OF THE HEARING IS REQUIRED. This form must be completed below and facsimile transmitted to both: (1) the USPTO Central fax number (official copy), and (2) the Board of Patent Appeals and Interferences fax number (courtesy copy) within TWENTY-ONE (21) DAYS from the mailing date of this notice indicating confirmation or waiver of the hearing. A copy of this notice may be alternately filed by mail if facsimile is not available.

BPAI HEARINGS FAX No: (571) 273-0299

USPTO Central Fax No: (703) 872-9306

BPAI Mailing Address: BOARD OF PATENT APPEALS AND INTERFERENCES  
UNITED STATES PATENT AND TRADEMARK OFFICE  
P.O. BOX 1450  
ALEXANDRIA, VIRGINIA 22313-1450

In all communications relating to this appeal, please identify the appeal by its number.

CHECK ONE: ( ) HEARING ATTENDANCE CONFIRMED ( ) HEARING ATTENDANCE WAIVED

\_\_\_\_\_  
Signature of Attorney/Agent/Appellant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Registration No.

Names of other visitors expected to accompany counsel: \_\_\_\_\_

For information on visitor access to hearing rooms and security procedures at the USPTO Alexandria Campus, see  
[http://www.uspto.gov/web/offices/dcom/bpai/docs/contacts/contact\\_info.htm](http://www.uspto.gov/web/offices/dcom/bpai/docs/contacts/contact_info.htm)